

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/531900** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	/					51						
2		/					52						
3		/					53						
4		3					54						
5		3					55						
6		0					56						
7		0					57						
8		0					58						
9		0					59						
10		0					60						
11					1		61						
12				1			62						
13					1		63						
14					1		64						
15					1		65						
16					1		66						
17					1		67						
18					1		68						
19					1		69						
20					1		70						
21					1		71						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1		2										
TOTAL DEP.	13	←	10	←		←							
TOTAL CLAIMS	14		12										